



Accomplishments in Patient Protection

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**Division of Health Care Quality
Massachusetts Department of Public Health
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**Bailus Walker, Jr., Ph.D., M.P.H.
Commissioner of Public Health**

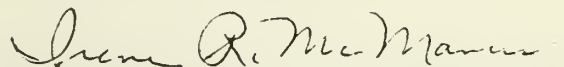
**Irene R. McManus, M.P.H.
Director of the Division of Health Care Quality**

Introduction

The intent of this brochure is to focus on the recent accomplishments of the Division of Health Care Quality.

The protection of patients in both public and private health care settings is an enormously important task. As part of this task, the Division performs a unique function by assuring that quality of care standards are met on a consistent basis.

The women and men of this Division have worked hard to fulfill this mission. These accomplishments are possible, in large measure, because of their efforts.

A handwritten signature in cursive script, reading "Irene R. McManus".

Irene R. McManus, M.P.H.
Director, Division of Health
Care Quality



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What is the Division of Health Care Quality?

The Division is the patient protection arm of the Department of Public Health. It is mandated by state and federal statutes to license and certify health care facilities and services in the Commonwealth. Through these licensure and certification programs, the Division monitors the quality of health care services provided to Massachusetts residents in 14 different facility and service categories including: nursing homes, rest homes, hospitals, ambulance services, clinical laboratories, clinics, blood banks, home health agencies, ambulatory surgical centers, comprehensive outpatient rehabilitation facilities, end stage renal dialysis units, hospices, independently practicing physical therapists, state schools for the mentally retarded and intermediate care facilities for the mentally retarded. The Division executes its work through standards setting, regular on-site inspections, complaint investigations, consultation to providers having difficulty complying with state and federal standards, and enforcement actions.

These inspection activities continue to expand as a result of an increase in the number of facilities applying for licensure and the introduction of new legislative, statutory, and public initiatives. In this effort the Division has played a pivotal role in drafting new regulations and overseeing them through the process to promulgation. The Division has enlisted the participation of a number of professionals, members of constituent groups, legislators, state agency staff, consumers and the wider health care community in drafting regulations, formulating guidelines, and seeking input. The Division's unique position as both standard setter and monitor of health care services has enabled it to provide invaluable policy direction in responding to changes in the health care delivery system.

The Division is currently the second largest operating Division within the state's Department of Public Health, with a budget of \$4.5 million (FY'85) and a staff of approximately 155 people.

Organization:

In 1982, in an attempt to make the Division more responsive to the evolving needs of the health care delivery system, the Division reorganized into three separate sub units: Policy Analysis, Survey Operations and Compliance, which work together to ensure the quality of health care in the Commonwealth.

Other Goals:

The activities of the Division have broadened beyond the focus of the important licensure and certification activities to include: expansion and fine tuning of inspection skills, greater emphasis on compliance and enforcements, and increased analytical capacity for development of standards. Beyond its statutory requirements of licensure and certification the Division has directed its efforts toward development of new service delivery modalities.

Patient Protection/Compliance and Enforcement:

The Division initiates patient protection action when it becomes evident that the health and safety of patients is being jeopardized or dangerously threatened. The Division's authority to protect patients through enforcement of its quality of care regulations for health care facilities has been greatly strengthened through the Patient Abuse Statute and the Patient Protection Statute. Recent promulgation of long-term care suitability regulations has enabled the Division to review the suitability of licensees, thereby preventing undesirable owners from operating nursing homes in Massachusetts. The Compliance unit processes and monitors the investigation of complaints on patient abuse and violations within health care facilities and services. It also coordinates enforcement actions which may result in license revocation, decertification, and the imposition of fines.

While the majority of health care facilities provide excellent care, there are instances when the Division must initiate enforcement action to protect patients. In 1983, the Division conducted 320 separate complaint investigations relating to allegations of patient abuse or substandard care and services in health care facilities, a 66% increase from the previous year. Of these cases, 124 were reported incidents of patient abuse, mistreatment or neglect in long-term care facilities, an 85% increase from the number of reports received in 1982. The Division initiated the following enforcement actions:

- . 29 Medicaid Decertifications
- . 8 License Revocations
- . 10 Correction Orders
- . 3 Medicare Terminations
- . 1 Receivership
- . 1 License Suspension

The Division's enforcement actions resulted in the closing of five long-term care facilities and the relocation of 210 patients. In 1983, the Division recommended, for the first time, the revocation of an ambulance service's license when it became clear that the ambulance company was incapable of complying with state regulations for health and safety.

New Methods of Inspections:

In addition to the currently mandated licensure and certification requirements, the Division has developed new methods of inspection.

The nursing home inspection project known as Survey By Exception has received national recognition. Begun in 1981 as a demonstration project for certification of nursing homes in the Medicaid program, the U.S. Department of Health and Human Services is monitoring the project for replication in other states. The philosophy of the project is that nursing homes with a consistently high record of quality of care need not receive a full survey each year for compliance with Medicaid regulations (certification). By better allocating Division resources, the public will benefit from having more attention paid to poorer quality homes. Under the program, all nursing homes, regardless of their record, receive a full survey at least once every three years.

Another project the Division has initiated has been the Abbreviated Laboratory Survey. Similar in concept to the abbreviated nursing home surveys, the abbreviated lab survey is a process that enables more resources to be directed to laboratories that consistently exhibit standards that are deficient.

A third innovative inspection project, which has been approved by the U. S. Department of Health and Human Services, is Quality Assurance by Sampling: A Proposal to Restructure the Inspection of Care Process. Formerly known as the Periodic Medical and Independent Professional Reviews (PMR and IPR), this project determines the effectiveness of sampling in detecting level and quality of care problems in long-term care facilities. This project is conducted in conjunction with the Department of Public Welfare.

Three new categories of state licensure have recently been added to the Division's responsibilities: ambulance programs offering advanced life support, clinical laboratories and laboratories in group practices of three physicians or more. These represent greater safety protections for consumers of health care services.

New Service Modalities:

New service modalities have been developed as the health care needs of our society have changed. The Division has played an important role in developing regulations to assure the quality of and access to new service delivery modalities. Current projects include:

BIRTH CENTERS:-homelike facilities where low risk births may occur with the assistance of certified nurse mid-wives and/or physicians in both free standing and hospital based settings;

HOSPICES-the provision of a humane, supportive environment for the terminally ill patient that stresses palliative care as opposed to curative or restorative care.

CHRONIC HOSPITALS-addressing the nursing home patient population which exists within these facilities through downgrading of such facilities from hospital to long-term care facilities, in an attempt to deal with cost effectiveness, appropriate placement and quality of care.

AMBULATORY SURGERY CENTERS-as part of revised clinic regulations prepared by the Division which include standards for ambulatory surgery centers in free-standing clinics. In keeping with the trend towards providing care in the least technologically sophisticated setting, recent Medicare regulations allow for reimbursement of surgery on an outpatient basis in clinics, physicians' offices, and hospital ambulatory surgery centers.

New Licensure Responsibilities:

As a result of revisions to M.G.L. Ch. 111, section 71, the Division will assume the responsibility for issuing inspection certificates to nursing homes seeking an original or renewal license with respect to a number of occupancy, egress, and fire prevention variables. Previously these inspections were conducted by the Department of Public Safety.

Training Efforts

In addition to regular ongoing training for DHCQ staff, the Division provides specialized training in the area of patient abuse to health care providers, advocates and interested members of the public. In particular, the Division has made a significant contribution to the patient abuse field by producing an innovative training film to be used in the educational and training effort to implement the Patient Abuse Statute which was passed by the Legislature in 1980. "Incident Report" is a fictional dramatization of the conflicting issues which arise during the Division's investigation of a complaint of alleged abuse of a nursing home patient. During 1984, the Division sponsored four conferences on patient abuse which offered education and training to about 2000 health care providers and other interested individuals.

Formal Linkages Within DPH and With Other State Agencies:

Other Divisions within DPH work closely with the Division. These include the Division of Family Health Services, the Tuberculosis Control Unit, the Division of Dental Health, the Division of Food and Drugs, the Determination of Need Program, and the Office of Emergency Medical Services. In many instances, members of these other Divisions have participated formally on Committees and Task Forces. Conversely the Division has served as a consultant to a number of these other DPH sections. The Division has also worked with several other state agencies, when programs and policy areas require inter-agency cooperation. The Department of Public Welfare works with the Division in resolution of nursing home crises. The Department of Public Welfare along with the Rate Setting Commission have been involved with the Division on the issue of quality of care implications of Chapter 372. A close relationship has developed between the Division and the Attorney General's Office in the investigation and enforcement of cases. In assuring protection to the elderly in long-term care facilities, the Division has worked cooperatively with the Department of Elder Affairs and its Nursing Home Ombudsman Program. Division staff have provided extensive consultation and expertise to the Department of Mental Health and the Executive Office of Human Services on strategies for complying with Title XIX certification requirements for the state schools for the mentally retarded as well as with licensure requirements for community based intermediate care facilities for the mentally retarded (ICFs/MR). The Division has also participated with other agencies as part of an Executive Office of Human Services ad hoc committee dealing with hospital cost containment.

Increased Involvement With Consumer & Provider Groups:

The Division has recently increased its involvement with consumer and provider groups through the establishment of several committees and task forces designed to create a forum for input and involvement concerning issues of patient protection, long-term care, guidelines and regulations. To this end, the Division has either initiated or established (through statute) the following: Long-Term Care Advisory Committee - agency and industry representatives participate with Division staff on issues of long term care; Pediatric Advisory Committee - involving consumers, physicians, nurses and other health care providers and planners on issues dealing with pediatric services; Birth Center Task Force convened to develop regulations governing licensure of birthing centers as clinics, with input provided by physicians, a nurse mid-wife, a hospital administrator, legislators, a health planner and a consumer; Patient Abuse Task Force convened for the purpose of refining patient abuse guidelines consisting of representatives from the Elderly Legal Coalition, the Massachusetts Federation of Nursing Homes, the Association of Massachusetts Homes for the Aged, a hospital elder abuse unit, the Department of Elder Affairs and the Attorney General's Office. The Division has reconvened the statutorily mandated Advisory Committee on Clinical Laboratories to assist in the development of survey guidelines for inspecting clinical laboratories under the new laboratory licensure program. Participants on this Committee consist of: physicians, clinical laboratory directors, a medical technologist, hospital administrators, attorneys, and consumers. The Division also coordinates and staffs the Board of Approval and Certification of Physician Assistant Programs.

In addition, the Division Director represents the Commissioner on the Board of Registration of Nursing Home Administrators.

Response to the Public, Legislators, Media:

As a regulator, the Division sets standards and constantly checks to assure that those standards are being met. Consequently, information has been compiled on both the current and historical service levels of all the health care facilities we monitor. The Division receives approximately 50 calls a day from the public requesting information about a specific health care facility or wishing to file a complaint about quality of care or a particular situation occurring within a health care service. Calls are referred to: the Surveyor of the Day for requests for information; the Complaint Hotline for specific complaints; or the Communications Office for inquiries from the press and the Legislature. Phone numbers are provided on the back of this brochure.

Summary:

The Division will continue to protect patients and assure health and safety in health care facilities. It will monitor quality of care while playing an integral role in helping to formulate new standards for emerging health care settings. The Division will also provide public information to health care providers, consumers, and health care advocates. The Division's staff of about 155 people are represented by trained professionals and support staff including registered nurses, social workers, medical laboratory technologists, emergency medical technicians, civil engineers, qualified mental retardation professionals, attorneys, policy analysts, and health care administrators. The Division will continue to play an important part in the challenge to provide quality health care services in Massachusetts.

DIVISION OF HEALTH CARE QUALITY

POLICY ANALYSIS/ADMINISTRATION	SURVEY OPERATIONS	COMPLIANCE/ENFORCEMENT	OTHER
<ul style="list-style-type: none"> o Development of regulations o New policy initiatives o Innovative projects in medical care o Development of automated licensure systems o Analysis of proposed State and Federal legislation o Convening and staffing advisory committees o Budget and Personnel 	<p>Inspection of:</p> <ul style="list-style-type: none"> o Ambulances o Ambulatory Surgical Centers o Clinics o Comprehensive Outpatient Rehabilitation Facilities o End State Renal Dialysis o Home Health Agencies o Hospitals o Intermediate Care Facilities for the Mentally Retarded State Schools o Laboratories o Nursing Homes o Rest Homes o Blood Banks o Hospices o Independent Practicing Physical Therapists o Birth Centers 	<ul style="list-style-type: none"> o Monitor enforcement of all health care facilities and services failing to comply o Receive and monitor patient abuse complaints o Receive and monitor general complaints about any health care facility o Assess suitability of health care facility owners for licensure 	<ul style="list-style-type: none"> o Development and Training o Communication

To Contact the Division of Health Care Quality

For information about the licensure and certification of any health care facility in Massachusetts:

WRITE

**Division of Health Care Quality
Massachusetts Department of Public Health
150 Tremont Street, 2nd Floor
Boston, MA 02111**

OR CALL

**(617) 727-5860
1-(800)-462-5531 (Toll Free)
and ask for the "Surveyor of the Day"**

To report a suspected case of patient abuse, mistreatment or neglect or to make a complaint about any health care facility:

WRITE

**Patient Complaint Unit
Division of Health Care Quality
Department of Public Health
150 Tremont Street, 2nd Floor
Boston, MA 02111**

OR CALL

**(617) 727-8984 (9-5, Monday - Friday)
(617) 522-3700 (Evenings and Weekends)
1-(800)-462-5540 (Toll Free)**

**All telephone inquiries must be followed by a written complaint.
All complaints are investigated and information remains confidential.**

**Michael S. Dukakis
Governor**

**Phillip W. Johnston
Secretary of Human Services**

**Ballus Walker, Jr.
Commissioner of Public Health**

**Irene R. McManus
Director of Division of Health Care Quality**